

Attachment A-1 Maryland Network Infrastructure Program (NI Round 2)

Middle-Mile Broadband Infrastructure Application Form

1. Applicant Information

Primary Applicant Legal Name: _____

Federal EIN: _____

Unique Entity ID (SAM.gov): _____

Address: _____

City: _____

County: _____

State: _____

Zip Code: _____

Applicant Type (check one):

Middle-mile / wholesale provider

Telecommunications carrier

Cooperative or utility

Infrastructure developer

Nonprofit organization

Other: _____

2. Contact Information

Primary Contact Name: _____

Title: _____

Phone: _____

Email: _____

3. Project and Funding Summary

Project Identification

Project Name: _____

Project Type (check all that apply):

Backbone Expansion

Interconnection Route

Transport Infrastructure

Capacity Upgrade

Redundancy / Resiliency

Network Integration

Other: _____

Financial Summary

Total Project Cost: _____

Grant Request Amount: _____

Match Amount (\$ and %): _____

Funding Sources (All sources must be committed or reasonably expected to be available at time of award)

Source	Amount	Description (if applicable)
Applicant		
Local		
State		
Other (describe)		
Total		

Note: Applicants must describe all 'Other' funding sources. OSB may request supporting documentation.

Project Scope Summary

Route Miles: _____

Fiber Count: _____

Conduit (Yes/No and details): _____

Construction Type:

Aerial Underground Mixed

4. Service Impact Area (SIA)

Describe regions, corridors, networks, and key interconnection points impacted:

5. Interconnection

Number of Interconnection Points: _____

Types (POP, IX, splice, etc.):

Supports third-party interconnection? Yes No

6. Project Purpose

Describe the primary network constraint addressed and expected system-level benefit:

7. Readiness

Engineering Complete? Yes No

Permits Secured? Yes No

ROW Access Secured? Yes No

Construction Start Date: _____

Estimated Completion Date: _____

8. System Benefits (check all that apply)

- Reduces transport cost
- Improves redundancy
- Enables interconnection
- Expands regional capacity
- Supports future expansion

9. Certification

I certify that the information provided is accurate and complete.

Authorized Representative Name: _____

Title: _____

Date: _____

Signature: _____